

Payroll Correction

Employee Name _____ Dept _____

Employee # _____

Check Date _____ Warrant # _____

Amount _____

Expended From:

Acct # _____ Acct. Name _____

Should Be Expended From:

Acct # _____ Acct. Name _____

Department

Head Signature _____ Date _____

Please provided the above information and attach any necessary back up. If you have questions please contact the Auditing Department.

For Office Use Only

Posted in Munis By _____